INITIAL EVALUATION FORM: STOMATITIS DISEASE ACTIVITY INDEX

PATIENT:				_
DATE:	WEIGHT T	ODAY:		
DIET:				_
CLIENT REPORT: Please evaluate the following (of following criteria):	circle one num	ber for ea	ach of the	
Appetite : 3 = eats only pureed food, or only his/her own; cannot eat dry food 1 = eating variount 0 = eating normally				
Activity level : 3 = no interest in people or other low activity level, but will play occasionally whe plays spontaneously, but not frequently 0 = nor	n engaged b	y people o	or other po	ets 1 =
Grooming behavior : 3 = will not groom 2 = grolevel 1 = grooming excessively 0 = grooming not grown and ground in the ground of the ground in the ground of the ground in the ground of the ground in		nally but	not at 'pre	:-illness'
Perceived comfort : On a scale of 0-3, with 0 b painful, rank your cat's present comfort level:	•	mfortable	and 3 bei	ng most
CLINICIAN EVALUATION:				
STOMATITIS DISEASE ACTIVITY INDEX	0	1	2	3

STOMATITIS DISEASE ACTIVITY INDEX	0	1	2	3
Owner evaluation				
Weight				
Maxillary buccal mucosal inflammation				
Mandibular buccal mucosal inflammation				
Maxillary attached gingival inflammation				
Mandibular attached gingival inflammation				
Molar salivary gland inflammation				
Inflammation of areas lateral to palatoglossal folds				
Oropharyngeal inflammation				
Lingual and/or sublingual inflammation				
TOTAL SCORE (maximum = 30)				

Owner evaluation: average of the circled values above

Weight: $0 = gain \ge 0.5 kg$ $1 = gain \ge 0.25 kg$ but <0.5kg 2 = <0.25 kg gain 3 = weight loss (if lost >0.5kg compared with most recent visit)

Inflammation of oral cavity sites: 0 = none 1 = mild 2 = moderate 3 = severe